

Building Division 25 West Main Street Auburn, WA 98001 (253) 931-3020

For Staff Use Only		
Permit Number		
Date Submitted		
Received By		

Grading Permit Application

Project Information/Description:		
Site Address:	Parcel No. (Required):	
Legal Description:		
Description Of Work:		
Property Owner:	Phone/Hm:	Phone/Wk:
Address: (City/St/Zip)		
Project Contact:	Phone:	
Contractor:	Phone:	
Address:		
State Contractor's License #:	Business Registration No.	
Engineer:	Phone:	
Address: (City/St/Zip)		
Architect:	Phone	
Address: (City/St/Zip)		
Estimated Completion Date:	Amount of Fill:	Amount Exported:
Amount of Excavation:	Max Depth Fill:	Soil Rpt By:
Max Depth of Exc:	Max Slope Fill:	Eng Geol Rpt By:
Max Slope Exc:	Amount Imported:	Project Value:
jurisdiction, which may relate to the a 2) Check with U.S. Army Corps of Er 3) Permits are non-transferable.	bove project. ngineers for possible permit requi	ESS OF 500 CUBIC YARDS. HAUL ROUTES
I CERTIFY THAT THE INFORMATION I CITY OF AUBURN REQUIREMENTS W		ND CORRECT AND THAT THE APPLICABLE
Owner/Agent:	Date	e:
Printed:		